

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8394	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name RANDOLPH GIGLIONE P.O. Box, Bldg., Room No., if any Street 224 COLON AVE. City SAN FRANCISCO State CA ZIP Code + 4 94112-1308	4. Name, file number, and address of labor organization. Name INTERNATIONAL UNION OF ELEVATOR CO. Labor Organization File Number 044-250 P.O. Box, Building and Room Number, if any Street 690 POTRERO City SAN FRANCISCO State CA ZIP Code + 4 94110-2117
5. Position in labor organization. BUSINESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Perla Siglin

On

8-9-05

Date

415-285-2900

Telephone Number

SEE ATTACHMENT 5

Name of Person Filing RANDOLPH GIGLIONE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **NATIONAL ELEVATOR IND. EDUCATION TRUST**

Trade Name, if any: **ELEVATOR CONSTRUCTORS**

P.O. Box, Bldg., Room No., if any

Street **11 LARSON WAY**

City **ATTLEBORO FALLS**

State **MA** ZIP Code + 4 **02763-1068**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SEE LM-30 ATTACHMENT

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TWO DINNERS -
MEAL 1 9-20-04 JAKE'S GRILL, PORTLAND OR \$51.00
MEAL 2 9-28-04 SINBAD'S, SF. CA \$71.00

12.b. Amount.

122.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

LM-30 Attachment

End of reporting period 12-31-2004

File Number

11a – According to directions outlined by DOL OLMS, Part B includes reporting of transaction(s) that include reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11b. Therefore, no amount is reported in 11b.

15- I made a good faith effort to include all items relevant to filing Form LM-30 for 2004. If, in the future I am made aware of anything else that I understand should be included, I will add such information to this report.